

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE ZIP CODE
PERMANENT ADDRESS		CITY	STATE ZIP CODE
PHONE NO. ()	DATE OF BIRTH	EMAIL ADDRESS	

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

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REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

Franklin County Government provides an environment that does not discriminate or tolerate discrimination; free of harassment and intimidation on account of an individual's race, color, religion, sex, national origin, age disabled, or veteran status or any other status protected by law.

- IMPORTANT - THIS SECTION MUST BE COMPLETED -

SIGNATURE - All applicants please read and sign the statement below:

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I will not be considered for employment or, if employed, I will be dismissed and disqualified from future merit examinations. I hereby authorize all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the County to receive and make available to other state agencies, my academic records or other material pertinent to my qualifications. I authorize and request each former employer given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

[illegible]